ABSTRACT

Background: Morbidity patterns of patients attending general practices in Soweto, a suburban township south of Johannesburg, were studied using the international classification of primary care (ICPC) as a coding instrument. The ICPC was used to code reasons for encounter and diagnosis. One hundred and one private practices were in Soweto at the time of the survey and thirty-one of these practices were selected using random number tables to obtain as wide a distribution of geographical and socio economic groups as possible.

Aim: The aim of this study is to determine the morbidity patterns of patients attending general practices in Soweto during a week in November of the summer of 1997; and a week in June of the winter of 1998.

Objectives:

1) To determine demographic details of responding general practitioners in Soweto including sex, age and area of practice.
2) To determine socio-demographic features of patients attending practitioners in Soweto including age, sex, highest educational level, and occupation. Township of residence, housing details, namely number of rooms in residence, and number of persons living in residence.
3) To determine the initiator of the consultation, namely whether it was doctor initiated, patient initiated, or referred to the practitioner from another practitioner or clinic.

4) To determine factors related to the condition for which the patient consulted the doctor, including reason for encounter, diagnosis and whether the presenting problem was a new or an ongoing problem.
5) To determine the relationships between the above variables.

Design: A prospective descriptive study design was employed in which doctors completed a survey questionnaire of all patients attended to in their practices during two weeks, one week in summer and one week in winter.

Results: The 25 doctors in summer and the 20 doctors in winter, included in the survey described 4,432 encounters. These patients presented with 5,710 problems. Forty point three percent of patients (1780) were male and 59,7% patients (2,632) were female. Fifty two percent of patients (2306) were seen in summer and 48% (2,125) patients were seen in winter allowing the comparison of seasonal variation in morbidity patterns. The majority of patients were in the 20 to 50 year age group, followed by those under ten years of age. In all age groups, except children under the age of ten years, there were more encounters with females than males. In under ten year olds, male encounters were more than female encounters for all ages and twice as frequent as female encounters in the group under the age of one year. Most patients had a secondary education and lived in four roomed houses. Upper respiratory tract infections constituted, 16% (767) of the diagnoses and cough accounted for 16.1% (901) of all the reasons for encounter in all age groups especially in children below the age of 10 years. Digestive complaints were second most common reason for encounter and

diagnoses in the younger children especially in boys. Encounters and diagnoses associated with the eye, male genital system, female genital system, pregnancy and child bearing, ear, psychological, social and blood immune system disorders each accounted for less than 2% of the encounters experienced. Complaints of the musculoskeletal system were frequent in older patients. Family planning, vaginal discharge and painful urination occurred in the 10 to 50 year old age groups. As for encounters, diagnoses were age related with hypertension and osteoarthritis being the most common chronic disease afflicting patients over 30 years of age.

Nineteen point seven percent (870) of the patients belonged to the trade and technical occupation, 13.6% (604) of the patients were children, 12.2% (539) of patients were unemployed, 9.6% (423) of patients were scholars, 9.4% (414) were professional, 8.6% (379) of patients were students, 8.1% (360) were pensioners and 7.6% (338) were office workers. Seven point three percent of the patients (325) were Labourers, and 3.9% (172) of the patients were housewives.

Thirteen point seven percent of the patients (605) were from Meadowlands, 13% (577) from Dobsonville, 7.2% (318) from other areas outside Soweto, 6.7% (298) were from Orlando East, 6.6% (294) were from Zola and 6.1% (270) from Chiawelo. Less then 5% of the patients came from the remaining townships.

Discussion: The present survey recorded encounters of 25 general practitioners in Summer and 20 general practitioners in Winter, with 4,432 patients and 5,710

problems. The week time period of the present survey is similar to that of Bourne et al. which determined the morbidity spectrum seen by a representative sample of 8% of the medical practitioners in South Africa in 1985. The sample size of the present study is considerably smaller than the comprehensive Cape Morbidity study, which was conducted over 1 year and recorded 49,347 diagnoses by 15 practitioners. This survey included 38,368 white patients and 14,979 patients of mixed racial origin but no blacks were included. The same limitation applies to the pilot survey conducted by Bloom et al in Cape Town between 1984 and 1988, where 13 practices recorded 64,959 encounters. Studies conducted outside South Africa are similar to those conducted within the country. This survey in comparison with other countries reflects consistency in the incidence of illness encountered by the family practitioner and also contemporary trends in morbidity seen in general practice. Most of the inhabitants of Soweto still make use of coal-stove fires and the town ship is usually enveloped in pall of heavy smoke coming from these coal stove fires. The main impression of Soweto is that of overcrowding and poverty, and still struggling in providing basic services including potable toilets to its poorer districts. Schools in Soweto remain largely without flushed toilets, furniture and electricity. Most of Soweto still has row upon row of so call matchbox houses crowded into unpaved dusty streets that are poorly lit. The above conditions explain the high reasons for encounter and diagnoses of respiratory and digestive conditions among the patients attending the private practices. This study shows that an enormous amount of everyday illness occurs in children and therefore education and advice for parents on how to cope with illness in their children remains important.

Study Limitation: This survey was conducted in an impoverished township community where many people would attend clinics. It has selected encounters where the patients have the ability to pay for the services of a medical doctor.

Conclusion: Few studies appear to be as comprehensive as this study where the reasons of encounter, the diagnosis, patient demographic and socio-economic data was recorded. This is also the largest survey conducted in an urbanized South African township. This survey has found a similar trend in the spectrum of disease, therefore providing a significant analysis of morbidity patterns encountered by the family practitioner in Soweto. There is an on going concern of the role of sexually transmitted diseases in the transmission of HIV, and this study has shown a significant burden of sexually transmitted disease in the asymptomatic population, particularly women in the age group 20 to 30 and 30 to 40 years. The overall burden of diseases in Soweto shows that respiratory problems are significant in all age groups. Chronic diseases such hypertension, osteoarthritis, presumed gastrointestinal infections, asthma and malignant neoplasm of the stomach as well as the anxiety disorders also featured prominently in the top 20 reasons for encounter and diagnoses. Information about mental health status in South Africa is scanty and has possibly led to an inadequate identification of a potential problem. This study has shown anxiety disorder/anxiety state as being a common reason for encounter and diagnoses in adults attending private practices in Soweto. To determine whether this survey reflects the morbidity patterns in this population as a whole would require additional data from the Government hospitals and clinics.